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06/19/2006

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### CERTIFICATE OF MAILING BY EXPRESS MAIL

Express Mail Label No. EV 740119170 US

Date of Deposit: September 8, 2006



**FISH & RICHARDSON P.C.**  
**P.O. Box 1022**  
**Minneapolis, MN 55440-1022**

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/630,473	07/29/2003	Mark E. Deem	17075-004008 / 0103H	9190

### TITLE OF INVENTION: METHODS AND DEVICES FOR USE IN PERFORMING PULMONARY PROCEDURES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$0	\$0	\$0	09/19/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEWIS, AARON J.	3743	128-207160

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Fish & Richardson P.C.

2. Fred C. Hernandez

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Emphasys Medical, Inc.**

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

**Redwood City, CA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).

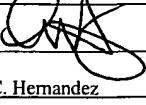
5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature) 

(Date) September 8, 2006

Typed or Printed Name Fred C. Hernandez

Registration No. 41,832

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